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CONFIRMATION NO. 4

Bib Data Sheet

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/021,660	02/10/1998 RULE		1646	1874/110

APPLICANTS

MARGARET H. BARON, CAMBRIDGE, MA;
SARAH M. FARRINGTON, CAMBRIDGE, MA;
MARIA BELAOUSSOFF, CAMBRIDGE, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 04/20/1998

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	21	56	7
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

28120

TITLE

METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH

FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 4751

SERIAL NUMBER 09/021,660	FILING DATE 02/10/1998 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 1874/110
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APPLICANTS

New York, NY
 MARGARET H. BARON, CAMBRIDGE, MA;
 SARAH M. FARRINGTON, CAMBRIDGE, MA;
 MARIA BELAOUSOFF, CAMBRIDGE, MA;

** CONTINUING DATA *****

This appln claims benefit of 60/049,763 06/16/1997
 and claims benefit of 60/037,513 02/10/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 04/20/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY MA NY	SHEETS DRAWING 21	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7

ADDRESS

28120

TITLE

METHODS OF USING HEDGEHOG PROTEINS TO MODULATE HEMATOPOIESIS AND VASCULAR GROWTH

FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 0/021,660	FILING DATE 02/10/98	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 1817-110
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APPLICANT
MARGARET H. BARON, CAMBRIDGE, MA; SARAH M. FARRINGTON, CAMBRIDGE, MA;
MARIA BELAUSOFF, CAMBRIDGE, MA.

CONTINUING DOMESTIC DATA***

VERIFIED

cm

provisional, ABPL

60/049,763
60/037,513

09/09/97
02/10/97

Batch 20
Rec'd
2/11/98

371 (NAT'L STAGE) DATA***

VERIFIED

None

cm

FOREIGN APPLICATIONS***

VERIFIED

None

cm

FOREIGN FILING LICENSE GRANTED 04/20/98

***** OWNER ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 21	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
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Verified and Acknowledged cm

Examiner's Initials

Initials

ADDRESS
HARRIET M STRIMPEL
BROMBERG & SUNSTEIN LLP
125 SUMMER STREET
BOSTON MA 02110

X16

The Patent Group
Foley, Hoag, & Eliot, LLP
One Post Office Square
Boston, MA 02109

TITLE

METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH

FILING FEE RECEIVED \$1,020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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